



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3707

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/690,439 | FILING DATE<br>10/21/2003<br><br>RULE | CLASS<br>029 | GROUP ART UNIT<br>3729 | ATTORNEY<br>DOCKET NO.<br>10388US01 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

Geoffrey A. Lauinger, Campbell, MN;

Kellan D. Pauly, Wahpeton, ND;  
Anthony O. Banal, Fergus Falls, MN;\*\* CONTINUING DATA \*\*\*\*\* None TN\*\* FOREIGN APPLICATIONS \*\*\*\*\* None TN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/20/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>32 | INDEPENDENT<br>CLAIMS<br>2 |
| Verified and<br>Acknowledged<br>Examiner's Signature <u>[Signature]</u> Initials <u>TN</u>  |                           |                        |                       |                            |

## ADDRESS

Imation Corp.  
PO Box 64898  
St. Paul, MA  
55164-0898

## TITLE

Method of manufacturing a media reference surface for use in a flexible data storage card

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1116 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|------------------------------------|---|--|